

FEDER & SEMO, P.C.

AN EMPLOYEE BENEFITS LAW FIRM

GERALD M. FEDER
JOSEPH SEMO
ROBERT M. LANDAU
DENISE M. CLARK
HOWARD M. BARD *
CHRISTINE WILLIAMS
JANET A. PENZ
ALIYA PITCHFORD *
JAMES M. GOLDSTEIN *
MARK C. NIELSEN *

* ADMITTED IN MARYLAND
* ADMITTED IN NEW YORK
* ADMITTED IN CALIFORNIA

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.99 JAN 21 AM 8:35

1350 CONNECTICUT AVENUE, N.W.
SUITE 600
WASHINGTON, D.C. 20038-1712

PHONE 202/955-8305
FAX 202/955-8311
202/466-5109
202/466-0785

January 18, 1999

Secretary of the Senate
United States Senate
Office of Public Records
232 Hart Building
Washington, D.C. 20510

Re: National Employee Benefits Inst (ID: 47815-12)/Filing Year: 1998;
Period/Type: REGISTRATION

Dear Sir/Madam:

This letter responds to your correspondence (copy enclosed) regarding a recent Lobby Registration Form LD-1 filed with you last month. This office was informed by your letter that Line 13 and Line 14 needed to be completed.

As your letter requested, enclosed you will find an amended Lobbying Registration Form LD-1 with the necessary information. In both Line 13 and Line 14, the box marked "NO" has been checked.

A copy of the amended Lobbying Registration Form LD-1 will be sent to the Clerk of the House of Representatives.

Sincerely yours,


Joseph Semo

Enclosure (1)

JS.00275.890118.L01/A

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☒

1. Effective Date of Registration 12-1-98

2. House Identification Number

Senate Identification Number

REGISTRANT

3. Registrant name Federal & Semo

Address 1350 Connecticut Avenue, N.W. #600

City Washington

State D.C. Zip 20036

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 955-8305

Contact Joseph Semo

E-mail (optional)

6. General description of registrant's business or activities

Law Firm

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ Self

7. Client name National Employee Benefits Institute

Address 1350 Connecticut Avenue, N.W. #600

City Washington

State D.C. Zip 20036

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

Trade Association

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Carlos Maxwell	Legislative Assistant, Rep. Thomas Petri
Joseph Semo	

Registrant Name Feder & SemoClient Name National Employee Benefits Institute**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

FIN HCR LBR MMM RET TAX

12. Specific lobbying issues (current and anticipated)

Managed Health Care Reform, ERISA Preemption, Social Security Reform, Pension Simplification, Medicare Reform, Income Tax Reform

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No → Go to line 14.☐ Yes → Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

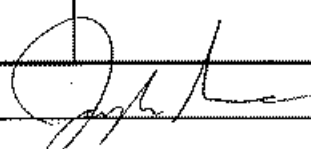
14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No → Sign and date the registration.☐ Yes → Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature



Date

1/18/99

Printed Name and Title

Joseph Semo, Attorney